



COMMERCE AND INSURANCE

Tennessee Commission on Fire Fighting

500 James Robertson Parkway, Suite 630
Nashville, TN 37243 – 615-741-6780

Live Fire Training Requirements

1. This standard shall be used to conduct all live fire training concerning acquired structures and/or training center buildings by definition of NFPA 1403.
2. The lead instructor and the incident commander shall share equal responsibility for all aspects of any live fire training.
3. All students will meet the prerequisites defined in NFPA 1403.
4. All persons participating in training shall meet OSHA 1910-134.
5. Any instructor wishing to teach live fire training in this State which will receive Commission credit, shall have to participate in a Live Fire Training Instructors course which has been approved by the Commission and pass a written test at the end of this class with a minimum passing score of 70%.
6. This class will be taught by personnel approved by the Commission on Fire Fighting Personnel Standards and Education with the only exceptions being the Tennessee Fire Academy on site facility.
7. The instructor in charge and the incident commander must attend and successfully complete a Tennessee Fire Fighting Commission-approved live fire training course and be a certified Instructor I by the Commission. All other instructors must be certified as Fire Department Instructor I by the Commission.
8. Departments must submit a completed application for live fire training for acquired structures to the Commission office 15 working days prior to training.
9. Any instructor that fails to meet any and all of these requirements shall be given written notice to appear in front of the Tennessee Commission on Fire Fighting for a disciplinary hearing. The instructors will be notified in writing of this hearing within accordance of Chapter 0360-5-1-.01.
10. No alcoholic beverages or drugs shall be on the training grounds at any time.
11. Any students participating in a live fire training exercise and appearing under the influence of drugs or alcohol shall not be permitted to participate in the exercise.

Tennessee Commission on Fire Fighting
Personnel Standards and Education

500 James Robertson Parkway, Suite 630
Nashville, TN 37243-0579

Application for Live Fire Training

This Completed Application Must Be Submitted to the Address Above
15 Working Days Prior To Any Live Fire Acquired Structure Training Being
Conducted

Rec'd _____

App. Ltr. Sent _____

Live Burn # _____

Name of Fire Department/Agency Conducting the Training: _____

Address of Department/Agency: _____

Location of Training: _____

County of Training: _____ Date of Training: _____ Time of Training: _____

Instructor In Charge: _____ Live Burn #: _____ Contact #: _____

Incident Commander: _____ Live Burn #: _____ Contact #: _____

List all Instructors that will be assisting In this training (attach additional sheets if necessary):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

10. _____ 11. _____ 12. _____

Each Department/Agency Shall Maintain Copies of the Following Documentation:

1. Copies of all paperwork submitted to the Tennessee Division For Air Quality.
2. All reports and documents required in Chapter 9 of NFPA 1403
3. Copy of Permission to Burn The Structure
4. Copy of Proof of A Clear Title.
5. Copy of Certificate of Insurance Cancellation.
6. Asbestos Abatement (If Required).
7. Copy of approval letter from the Commission

By signing this application I shall attest to the best of my knowledge that NFPA 1403
will be followed during this live fire training exercise.

Instructor in Charge
Date

Date

Fire Chief or Training Officer

All Live Fire Training Is Subject To Inspection From The Fire Fighting Commission



TN Commission on Fire Fighting
Live Fire
Accountability Checklist

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number: _____

Incident Commander: _____ SS# _____ / _____ / _____

Instructor In-Charge: _____ SS# _____ / _____ / _____

Safety Officer(s): _____

Ignition Officer: _____

Accountability Officer: _____

Engineer on Primary Engine: _____

Engineer on Secondary Engine: _____

Inside Instructors: _____

RIT Team: _____

Incident Rehabilitation Officer: _____

Secondary Instructors: _____



TN Commission on Fire Fighting
Live Fire Checklist

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Permits, Documents, Notifications, Insurance

Written Documentation Received From the Owner

YES	N/A	Permission to Burn Structure
YES	N/A	Proof of Clear Title
YES	N/A	Certification of Insurance Cancellation
YES	N/A	Acknowledgement of Post-burn Property Condition
YES	N/A	Local Burn Permit Received
YES	N/A	Permission Obtained to Utilize Fire Hydrants
YES	N/A	Notification Made to Appropriate Dispatch Office of Date, Time, and Location of Burn
YES	N/A	Notification Made to All Affected Police Agencies
YES	N/A	Received Authority to Block Off Roads
YES	N/A	Received Assistance in Traffic Control
YES	N/A	Notification Made to Owners and Users of Adjacent Property of Date, Time, and Location of Burn
YES	N/A	Liability Insurance Obtained Covering Damage to Other Property
YES	N/A	Written Evidence of Prerequisite Training Obtained From Participating Students From Outside Agencies
YES	N/A	Proper Paper Work Sent of Division of Air Quality and Fire Fighting Commission Office



TN Commission on Fire Fighting
Live Fire Checklist

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Pre-Burn Planning

Pre-Burn plans made, showing the following:

YES	N/A	Site Plan Drawing, Including All Exposures
YES	N/A	Building Plan, Including Overall Dimensions
YES	N/A	Floor Plan Detailing All Rooms, Hallways, and Exterior Openings
YES	N/A	Location of Command Post
YES	N/A	Position of All Apparatus
YES	N/A	Position of All Hoses, Including Backup Lines
YES	N/A	Location of Emergency Escape Routes
YES	N/A	Location of Emergency Evacuation Assembly Area
YES	N/A	Location of Ingress and Egress Routes for Emergency Vehicles
YES	N/A	Available Water Supply Determined
YES	N/A	Required Fire Flow Determined for the Burn Building and Exposure Buildings: Critical Flow=Building Length X Width X Height / 100= _____ GPM
YES	N/A	Required reserve Flow Determined (50 Percent of Fire Flow) _____ GPM
YES	N/A	Separate Water Sources Established for Attack and Backup Hose Lines
YES	N/A	Periodic Weather Reports Obtained
YES	N/A	Parking Areas Designated and Marked
YES	N/A	Operations Area Established and Perimeter Marked
YES	N/A	Communications Frequencies Established, Equipment Obtained Frequency and Channel Including

PL _____



TN Commission on Fire Fighting
Live Fire Checklist

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Pre-Burn Procedures

YES	N/A	Participants Briefed on Building Layout
YES	N/A	All Participants Briefed on Crew and Instructor Assignments
YES	N/A	All Participants Briefed on Safety Rules
YES	N/A	All Participants Briefed on Building Evacuation Procedure
YES	N/A	All Participants Briefed on Evacuation Signal and it is Demonstrated
YES	N/A	All Hoselines Checked for Sufficient Size for the Area of Fire Involvement
YES	N/A	All Hoselines Charged and Test Flowed
YES	N/A	All Hoselines Supervised by Qualified Instructors
YES	N/A	All Hoselines Have an Adequate Number of Personnel
YES	N/A	Necessary Tools and Equipment Positioned
YES	N/A	Participants Checked for Approved Full Protective Clothing
YES	N/A	Participants Checked for Self-Contained Breathing Apparatus
YES	N/A	Participants Checked for Adequate SCBA Air Volume
YES	N/A	Participants Checked for all Equipment Properly Donned
YES	N/A	All Participants Including Instructors Placed Through Incident Rehabilitation for a Baseline Set of Vital Signs



TN Commission on Fire Fighting
Live Fire
Accountability Checklist

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Post-Burn Procedures

YES	N/A	Personnel Accounted For
YES	N/A	Remaining Fires Overhauled, as Needed
YES	N/A	Building Inspected for Stability and Hazards Where More Training is to Follow
YES	N/A	Training Critique Conducted
YES	N/A	Records and Reports Prepared as Required
YES	N/A	Account of Activities Conducted
YES	N/A	List of Instructors and Assignments
YES	N/A	List of Other participants
YES	N/A	Documentation of Unusual Conditions or Events
YES	N/A	Documentation of Injuries Incurred and Treatments Rendered
YES	N/A	Documentation of Changes or Deterioration of Training Center Burn Building YES N/A
YES	N/A	Acquired Building Release
YES	N/A	Student Training Records
YES	N/A	Certification of Completion
YES	N/A	Building and Property Released to Owner
YES	N/A	Release Document Signed
YES	N/A	Incident Rehabilitation



TN Commission on Fire Fighting

Live Fire Checklist

Responsibilities of Personnel

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Responsibilities of Personnel

Instructor-In-Charge

YES	N/A	Plan and Coordinate All Training Activities
YES	N/A	Monitor Activities to Ensure Safe Practices
YES	N/A	Inspect Building Integrity Prior to Each Fire
YES	N/A	Assign Instructors to Attack Hose Lines
YES	N/A	Assign Instructors to Backup Hose Lines
YES	N/A	Assign Instructors to Functional Assignments
YES	N/A	Assign Instructors to Teaching Assignments
YES	N/A	Brief Instructors on Responsibilities of Accounting for Assigned Students
YES	N/A	Brief Instructors on Responsibilities of Assessing Student Performance
YES	N/A	Brief Instructors on Responsibilities of Clothing and Equipment Inspection
YES	N/A	Brief Instructors on Responsibilities of Monitoring Safety
YES	N/A	Brief Instructors on Responsibilities of Achieving Tactical and Training Objectives
YES	N/A	Assign Coordinating Personnel as Needed
YES	N/A	To EMS
YES	N/A	Communications
YES	N/A	Water Supply
YES	N/A	Apparatus Staging
YES	N/A	Breathing Apparatus
YES	N/A	Incident Rehabilitation
YES	N/A	Public Relations
YES	N/A	Ensure Adherence to This Standard by All Persons Within the Training Area
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No Persons Under the Influence of Drugs or Alcohol Allowed to Participate

Safety Officer

YES	N/A	Prevent Unsafe Acts
YES	N/A	Eliminate Unsafe Conditions
YES	N/A	Intervene and Terminate Unsafe Acts
YES	N/A	Supervise Additional Safety Personnel, as Needed
YES	N/A	Coordinate Lighting of Fires With Instructor-In-Charge
YES	N/A	Ensure Compliance of Participants Personal Equipment With Applicable Standards
YES	N/A	Protective Clothing
YES	N/A	SCBA
YES	N/A	Personal Alarm Devices
YES	N/A	Ensure That All Participants Are Accounted for, Both Before and After, Each Evolution
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No persons under the influence of drugs or Alcohol Allowed to Participate

Instructor

YES	N/A	Monitor and Supervise Assigned Students (No More Than Five Per Instructor)
YES	N/A	Inspect Students Protective Clothing and Equipment
YES	N/A	Account for Assigned Students, Both Before and After Evolutions
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No Persons Under the Influence of Drugs or Alcohol Allowed to Participate

Student

YES	N/A	Acquire Prerequisite Training
YES	N/A	Become Familiar With Building Layout
YES	N/A	Wear Full Protective Clothing
YES	N/A	Wear Approved Self-Contained Breathing Apparatus
YES	N/A	Obey All Instructions and Safety Rules
YES	N/A	Provide Documentation of Prerequisite Training, Where From an Outside Agency
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No Persons Under the Influence of Drugs or Alcohol Allowed to Participate



TN Commission on Fire Fighting
Live Fire Checklist
Evolution Objectives

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Objective 1: _____

Objective 2: _____

Objective 3: _____

Objective 4: _____

Objective 5: _____

Objective 6: _____



TN Commission on Fire Fighting
Live Fire Checklist
Evolution Objectives

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Objective 7: _____

Objective 8: _____

Objective 9: _____

Objective 10: _____

Objective 11: _____

Objective 12: _____



TN Commission on Fire Fighting
Live Fire Checklist
Student Group Assignments

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Student Group Assignments

Group 1

1. Team Leader:

2.

3.

4.

5.

Group 2

1. Team Leader:

2.

3.

4.

5.

Group 3

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting
Live Fire Checklist
Student Group Assignments

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Student Group Assignments

Group 4

1. Team Leader:

2.

3.

4.

5.

Group 5

1. Team Leader:

2.

3.

4.

5.

Group 6

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting
Live Fire Checklist
Student Group Assignments

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number: _____

Student Group Assignments

Group 7

1. Team Leader:

2.

3.

4.

5.

Group 8

1. Team Leader:

2.

3.

4.

5.

Group 9

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting
Live Fire Checklist
 Student Group Assignments

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number: _____

Student Group Assignments

Group 10

1. Team Leader:

2.

3.

4.

5.

Group 11

1. Team Leader:

2.

3.

4.

5.

Group 12

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting
Live Fire Checklist
Site Plan/Vehicle Staging

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number: _____

Tennessee Commission on Fire Fighting Personnel Standards and Education

500 James Robertson Parkway, Suite 630
Nashville, TN 37243-0579

LIVE BURN STUDENT ROSTER

This form is to be completed and returned to the Commission office **AFTER** the live burn is completed. Only students who successfully complete the live burn exercises should be listed.

Host Department/Agency _____

Date _____ Live Burn # _____

Number of Students Successfully Completing _____

Lead Instructor _____
Printed Signature

Incident Commander _____
Printed Signature

STUDENTS		
NAME PRINTED	SOCIAL SECURITY NUMBER	SIGNATURE

